



**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

MC057Y

First Named Inventor

Joseph Anthony Mancini, et al

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATMENT OF RHEUMATOID ARTHRITIS BY INHIBITION OF PDE4

(Title of the Invention)

the specification of which



bears the Attorney Docket Number and Title of the Invention noted above

OR



is attached hereto

OR



was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/408,597	09/06/2002	MC057PV

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.


U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Customer Number OR
☒ Registered practitioner(s) name/registration number listed below

Place Customer Number
Bar Code Label here

Name	Registration Number	Name	Registration Number
Curtis C. Panzer	33,752 		
David L. Rose	26,332		

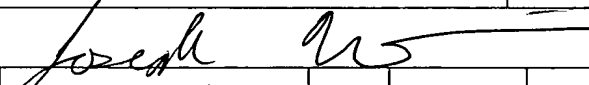
Direct all correspondence to: ☒ Customer Number or Bar Code Label

000210

Name	Curtis C. Panzer				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-40				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3199	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

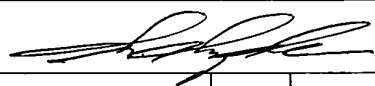
Given Name (first and middle [if any])		Family Name or Surname			
Joseph Anthony		Mancini			
Inventor's Signature				Date	Sep. 5, 2003
Residence: City	Kirkland	State	Quebec	Country	Canada
Citizenship	Canadian				
Post Office Address	Merck & Co., Inc., P.O. Box 2000				
City	Rahway	State	NJ	ZIP	07065-0907


☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>David</u>				<u>Claveau</u>			
Inventor's Signature					Date		<u>Sept 5 / 2003</u>
Residence: City	<u>Laval</u>	<u>CAN</u>	State	Quebec	Country	Canada	Citizenship Canadian
Post Office Address		Merck & Co., Inc., P.O. Box 2000					
City	Rahway	State	NJ	ZIP	07065-0907		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>Chi Chung</u>				<u>Chan</u>			
Inventor's Signature					Date		<u>Sept 5, 2003</u>
Residence: City	<u>Kirkland</u>	<u>CAN</u>	State	Quebec	Country	Canada	Citizenship Canadian
Post Office Address		Merck & Co., Inc., P.O. Box 2000					
City	Rahway	State	NJ	ZIP	07065-0907		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>Donald</u>				<u>Nicholson</u>			
Inventor's Signature					Date		<u>Sept 5, 2003</u>
Residence: City	<u>Montreal</u>	<u>CAN</u>	State	Quebec	Country	Canada	Citizenship Canadian
Post Office Address		Merck & Co., Inc., P.O. Box 2000					
City	Rahway	State	NJ	ZIP	07065-0907		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		ZIP			

DECLARATION AND POWER OF ATTORNEY

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name (first and middle [if any])				Family Name or Surname												
Denise M.				Visco												
Inventor's Signature		Denise M. Visco			Date		2-28, 2005									
Residence: City		Fanwood NJ		Country		USA		Citizenship		USA						
Mailing Address																
City		Rahway			State		NJ		ZIP		07065-0907		Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name (first and middle [if any])				Family Name or Surname												
Inventor's Signature								Date								
Residence: City				State				Country				Citizenship				
Mailing Address																
City		Rahway			State		NJ		ZIP		07065-0907		Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name (first and middle [if any])				Family Name or Surname												
Inventor's Signature								Date								
Residence: City				State				Country				Citizenship				
Mailing Address																
City		Rahway			State		NJ		ZIP		07065-0907		Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name (first and middle [if any])				Family Name or Surname												
Inventor's Signature								Date								
Residence: City				State				Country				Citizenship				
Mailing Address																
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Inventor's Signature								Date								
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Mailing Address																
City		Rahway			State		NJ		ZIP		07065-0907		Country			